

FORM UP-1 SUMMARY REPORT

HOLDER NUMBER



FOR TREASURY USE ONLY

REPORTS AND REMITTANCE are due November 1 of each reporting year for the property listed that is unclaimed as of the preceding June 30th:

Marshall Bennett

STATE OF MISSISSIPPI
UNCLAIMED PROPERTY REPORT

MARSHALL BENNETT, State Treasurer

REPORT YEAR Date of this report _____

<i>Name of Holder:</i> _____		<i>Contact Person</i> _____	
<i>Mailing Address</i> _____		<i>Phone</i> _____	<i>Fax</i> _____
<i>City, State, Zip</i> _____		<i>Type of Business</i> _____	<i>State of Incorporation</i> _____
<i>Years qualified to do business in Mississippi</i> _____			

In compliance with the Mississippi Uniform Disposition of Unclaimed Property Act the above holder hereby reports the following property subject to the Act for the period ending June 30: Funds held and owing which have remained unclaimed and unpaid and presumed abandoned, as reported in detail on the attached forms, amounting in total to \$ _____

AFFIDAVIT

State of _____ County/City of _____

I, _____,
(Type in name of officer, owner, etc., signing) (Type in title of person signing)
of the company, or holder, for which this report is made, being duly sworn (or affirmed) according to law do depose and say that this report is true and contains all facts required by law to be reported.

Signature of officer, owner, etc.
Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____

(Notary Public)

MAIL REPORT & CHECK
PAYABLE TO:

State Treasurer of Mississippi
Unclaimed Property Division
P. O. Box 138
Jackson, MS 39205-0138

FILE THIS COPY ON OR BEFORE
NOVEMBER 1 WITH FORM UP-2



To: State Treasurer of Mississippi
Unclaimed Property Division
P. O. Box 138
Jackson, MS 39205-0138

STATE OF MISSISSIPPI
UNCLAIMED PROPERTY REPORT

HOLDER INFORMATION:

Name of Business _____

Street Address _____

City, State, Zip Code _____

Contact _____ *Phone* _____

REPORT YEAR _____ PERIOD COVERED _____ TO _____

PROPERTY DESCRIPTION & IDENTIFYINGNUMBER	OWNER'S LAST NAME, FIRST NAME STREET ADDRESS CITY, STATE, ZIP CODE COUNTY (IF KNOWN) LIST ALPHABETICALLY BY LAST NAME	OWNER SOCIAL SECURITY NUMBER	DATE OF LAST TRANSACTION OR DATE PROPERTY BECAME PAYABLE / RETURNABLE	AMOUNT REPORTED AS DUE OWNER

FILE THIS COPY ON OR BEFORE NOVEMBER 1 WITH FORM UP-1

NOTE: ITEMS LESS THAN \$100.00 MAY BE REPORTED IN AGGREGATE

TOTAL